REQUEST FOR QUOTATION				THI	THIS RFQ X IS IS NOT A SMALL						P.A	PAGE OF PAGES			
	(THIS IS NOT AN ORDER)				BUSINESS SET-ASIDE.							1	2		
1. REQUEST NO. 2. DATE ISSUED HSBP1009Q2768 09/11/2009			3. REQUISITION/PURCHASE REQUE 0020049414				UES	ST NO. 4. CERT.FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1							
5a. ISSUED BY								6.		ERY BY (D		•			
Department of Homeland Security Customs and Border Protection								L							
1300 Pennsylvania Ave, NW								7.	. DELIV	ERY					
NP 1310	)								X FOB OTHER						
Washing				2022		DESTINATION						N (See Schedule)			
NAME	5b.FOR INFORM						Area code)		+	NAME OF	9. DES		ON		
Leticia Ramo	os		56-764-		SIVIDEIX (II	iciuue	de Area code) a. NAME OF CONSIGNEE								
		8. TC	)				b. STREET ADDRESS								
a. NAME b. COMPANY															
c. STREET A	DDRESS									c. CITY					
d. CITY			e. STA	TE	f. ZIP C	ZIP CODE d. STATE e. ZIP CODE									
	FURNISH QUOTATIONS TO												unable to quote,		
	JING OFFICE ON OR CLOSE OF BUSINESS						eturn it. This red mission of this o						any costs s. Supplies are		
(Date)	09/11/2009						ndicated by quo			esentations	and/or certif	ications a	attached to this		
Request for Quotations must be completed by the quoter.  11.SCHEDULE (Include applicable Federal, State and local taxes)															
11A. ITEM NO.							11C. QUANTITY	11D. UNIT		1E. PRICE		11F. AMOUNT			
00010	DLP PROJECTOR						14.0	0	EA						
00020	UPGRADE/ADAPTER KIT						14.0	0	EA						
00030	DLP PROJECTOR						1.0	0	EA						
00040	SPARE LAMP						4.0	) EA							
00050	50 SITE CERTIFICATION						2.0	2.00 EA							
00060	060 FREIGHT CHARGES						1.0	0	EA						
00070	INSTALLATION						1.0	0	EA						
00080	LABOR						1.00 EA								
00090	TRAVEL EXPENSES						1.0	0	EA						
											TOTAL				
40 DICCOUNT FOR PROMPT					b. 20 CALE (%)	ENDAR DAYS c. 30 CAL				AR DAYS			ALENDAR DAYS (%)		
PAYMENT (%)				(%)		(%		(%)		NUMB	EK	PERCENTAGE			
NOTE: Add	itional provisions and repre	sentations		are		are	not attached								
13. NAME AND ADDRESS OF QUOTER					14.	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN 15. DATE OF QUOTATION QUOTATION									
a. NAME OF QUOTER						QUOTATION						QUUTATION			
b. STREET A	DDRESS						16. SIGNER								
c. COUNTY					a. NAME										
					b. TELEPHONE (Include Area code)										
d. CITY e. STATE f. ZIP CODE						c TITLE (Type or print)									

REQUEST FOR QUOTATION	1. REQUEST NO.	2. DATE ISSUED	PAGE	OF	PAGES
(THIS IS NOT AN ORDER)	HSBP1009Q2768	09/11/2009	2		2
NOTES:					